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YouTube

THE INDIVIDUALIZED EDUCATION PROGRAM FOR:

Name: First Benjamin	Middle Phillip	Last Midgette
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STUDENT DEMOGRAPHIC INFORMATION (Optional):

Current Address: 12421 LAKE MARY JANE ROAD	Phone: (407) 658-0082
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Birth date: 7/10/01 Age: 8	Student ID #/MOSIS#:
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Present Grade Level: 2nd	Resident District Home School:
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If the child is Not receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided.

District/Agency Name: **Orange**School Name: **MOSS PARK ELEMENTARY**Address: **ORLANDO, FLORIDA 32832**

Phone:

Primary Language or Communication Mode(s): ☐ English ☒ Spanish ☐ sign language ☐ other (specify) _____Educational Decision Maker is: ☒ Parent ☐ Legal Guardian ☐ Educational Surrogate ☐ Foster Parent ☐ Child [aged 18+] ☐ other _____Name: **Libya R. Midgette**Address: **12421 LAKE MARY JANE ROAD**Phone: **(407) 658-0082** Email: **MrsMidgette@gmail.com** Fax:IEP Case Manager: **Emily FRICKER** Case Manager phone number: **(407) 555-5555**IEP Type ☐ Initial ☒ Annual Date of most recent evaluation/reevaluation **9/15/09**Date of Previous IEP Review: **9/15/08** Projected date for next triennial evaluation **2/15/10****IEP CONTENT (Required):**

Date of IEP Meeting: 9/15/09	Initiation Date of IEP: 9/8/09
Projected Date of Annual IEP Review: 9/15/10	Parent(s)/Legal Guardian(s) provided copy of this IEP: 9/16/09

PARTICIPANTS IN IEP MEETING AND ROLE(S)

The names and roles of individuals participating in developing the IEP meeting must be documented.

Name of Person and Role	Method of Attendance
Signatures are not required. If a signature is used it only indicates attendance, not agreement.	
Libya Midgette Parent/Guardian	
Parent/Guardian	
Stephanie Salgado Student	
Aileen Acevedo LEA Representative	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Jessica Curtis Special Education Teacher	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Brittany Pilinko Regular Classroom Teacher	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Sofia Karim Individual Interpreting Instructional Implications of Evaluation Results	<input checked="" type="checkbox"/> in person <input type="checkbox"/> excused <input type="checkbox"/> in writing (if applicable)
Part C Representative (if applicable)	
Nicole Warren Representative of an agency which may provide postsecondary transition services (if applicable)	
Emily Fricker Other: Principal	

1. Present Level of Academic Achievement and Functional Performance

Present Level must include:

- How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities. (For students with transition plans, consider how the child's disability will affect the child's ability to reach his/her post-secondary goals (what the child will do after high school).)

He is too distracted & easily bored. He is working below grade level in all areas, which makes it hard for him to reach the Sunshine State Standard.

- The strengths of the child (For students with transition plans, consider how the strengths of the child relate to the child's post-secondary goals.)

He is eager to learn.

- Concerns of the parent/guardian for enhancing the education of the child (For students with transition plans, consider the parent/guardian's expectations for the child after the child leaves high school.)

I feel he needs to be caught into concentrating more to the task at hand.

- Changes in current functioning of the child since the initial or prior IEP (For students with transition plans, consider how changes in the child's current functioning will impact the child's ability to reach his/her post-secondary goal.)

Slow improvement, but successful.

- A summary of the most recent evaluation/re-evaluation results

The results of his IQ do not match what he is actually doing. We need to close the gap.

- A summary of the results of the child's performance on:

➤ Formal or informal age appropriate transition assessments:

NA

- For students participating in alternative assessments, a description of benchmarks or short-term objectives

☐ N/A Objectives/benchmarks are on goal page(s)

☒ Objectives/benchmarks described below:

1. a. Benjamin will complete 100% of all assignments; given half of the number of practice items.

2. Special Considerations: Federal and State Requirements

Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including an intervention, accommodation, or other program modification) information documenting the team's decision regarding the device or service must be included in the appropriate section of the IEP. These must be considered annually.

Is the student blind or visually impaired?

- ☐ No
☒ Yes. If yes, complete Form A: Blind and Visually Impaired.

Is the student deaf or hearing impaired?

- ☒ No
☐ Yes. The IEP Team has considered the child's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.

Does the student exhibit behaviors that impede his/her learning or that of others?

- ☐ No
☒ Yes. If yes, strategies including positive behavior interventions and supports must be considered by the IEP team, and if determined necessary, addressed in this IEP. If a behavior intervention plan is developed it must be a part of the IEP.

Does the student have limited English proficiency?

- ☒ No
☐ Yes. The student's language needs are addressed in this IEP.

Does the student have communication needs?

- ☐ No
☒ Yes. The student's communication needs are addressed in this IEP. *Speech therapy.*

Does the student require Assistive Technology device(s) and/or services?

- ☒ No
☐ Yes. The student's assistive technology needs are addressed in this IEP.

Extended School Year:

- ☒ No. The student is not eligible for ESY services.
☐ Yes. The student is eligible for ESY services. Complete Form B
☐ The need for ESY services will be addressed at a later date. Will be addressed by / (month/year).

Attach IEP Amendment page and Form B

Transfer of Rights: Notification must be given beginning not later than one year before the student is 18 informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.

- ☒ N/A for this student/IEP
☐ Notification was given: / / (month/day/year).

State Assessments

Are there state assessments administered for this student's age/grade level?

- ☐ No
☒ Yes. If yes, Complete Form D. *FCAT*

District-wide Assessments

Are there district-wide assessments administered for this student's age/grade level?

- ☐ No
☒ Yes. If yes, Complete Form E. *DIBELS*

Post-secondary Transition Services: (Must be included not later than the first IEP to be in effect when the child turns 16, and updated annually thereafter.)

Is a Post-secondary Transition Plan required?

- ☒ No (Child will not turn sixteen while this IEP is in effect.)
☐ Yes (Child is/will be sixteen while this IEP is in effect.) If yes, Complete Form C – Post-secondary Transition Plan

Student Name:

BenjaminNice goalsDate of IEP: 9-15-09

3. IEP Goal

Annual Measurable Goals

Annual Goal #:

1 Benjamin will be able to recognize his letters & write them correctly 8 out of 10 times.

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

☒ Post-secondary Education/Training ☐ Employment ☐ Independent Living

Progress toward the goal will be measured by: (check all that apply)

<input checked="" type="checkbox"/> Work samples	<input checked="" type="checkbox"/> Curriculum based tests	<input checked="" type="checkbox"/> Portfolios	<input checked="" type="checkbox"/> Checklists
<input checked="" type="checkbox"/> Scoring guides	<input checked="" type="checkbox"/> Observation chart	<input checked="" type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Annual Goal #:

2 Benjamin will be able to count by 2's, recognize numbers to 20 by the end of the year with 80% mastery or above.

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

☒ Post-secondary Education/Training ☐ Employment ☐ Independent Living

Progress toward the goal will be measured by: (check all that apply)

<input checked="" type="checkbox"/> Work samples	<input checked="" type="checkbox"/> Curriculum based tests	<input checked="" type="checkbox"/> Portfolios	<input checked="" type="checkbox"/> Checklists
<input checked="" type="checkbox"/> Scoring guides	<input checked="" type="checkbox"/> Observation chart	<input checked="" type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

Annual Goal #:

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

☐ Post-secondary Education/Training ☐ Employment ☐ Independent Living

Progress toward the goal will be measured by: (check all that apply)

<input type="checkbox"/> Work samples	<input type="checkbox"/> Curriculum based tests	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Checklists
<input type="checkbox"/> Scoring guides	<input type="checkbox"/> Observation chart	<input type="checkbox"/> Reading record	<input type="checkbox"/> Other:

Comments:

4. Reporting Progress

When Progress will be reported to the parent(s)/guardian(s)

☒ Quarterly
 ☐ Bi-Quarterly
 ☐ Semester
 ☐ Annually
 ☐ Other:

5. Services Summary

	Amount	Frequency	Location	Begin Date*	End Date*
Special Education Services					
Specialized instructional techniques		2X WEEK	ESSE CLASSROOM	9-15-09	9-15-10
Small group instruction		2X WEEK	ESSE CLASSROOM	9-15-09	9-15-10
SPEECH LANGUAGE THERAPY.		1X MONTH	THERAPY ROOM	9-15-09	9-15-10
Related Services					
<input checked="" type="checkbox"/> N/A					
Supplementary Aids/Services					
planner/agenda/organization		weekly	Gen. Ed. classroom	9-15-09	9-15-10
<input type="checkbox"/> N/A					
Program Modifications and Accommodations					
<input checked="" type="checkbox"/> Documented on alternate Form F					
<input type="checkbox"/> N/A					
Supports for School Personnel					
<input type="checkbox"/> Documented on alternate Form F					
<input checked="" type="checkbox"/> N/A					

*N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day, and year.

6. Transportation as a Related Service

☒ The student does not require transportation as a related service.

☐ The student requires transportation as a necessary related service.

The student needs accommodations or modifications for transportation.

☒ No
 ☐ Yes

If yes, check any transportation accommodations/modifications that are needed.

☐ Wheelchair lift

☐ Child safety restraint system. Specify: _____

☐ Door to door pick-up and drop-off

☐ Aide

☐ Other. Specify: _____

7. Regular Education Participation

Extent of Participation in Regular Education

For Preschool: Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities)?

☐ Yes.

☐ No. If no:

NA

- a. To what extent will the child not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the IEP) _____
- b. Describe the reasons why the IEP team determined that provision of services in the regular education setting was not appropriate.

For K-12: The regular education environment includes all academic instruction as well as meals, recess, assemblies, field trips, etc. Will this student participate 100% of the time with non-disabled peers in the regular education environment?

☐ Yes.

☒ No. If no, describe below to what extent the student will not participate and why full participation is not appropriate.

(child's name) Benjamin will participate in regular education 80 % of the time. Full participation in regular education is not appropriate because:

He gets taken out of class for ESE.

Participation in Physical Education

The student will participate in:

☒ Regular physical education

☐ Regular physical education with accommodations as addressed in this IEP

☐ Adapted physical education (includes special PE, adapted PE, movement education and motor development)

☐ No physical education activities are required for one of the following reasons:

☐ Credit already earned

☐ Credit waived

☐ Child is preschool age

☐ Other:

Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

8. Placement Considerations and Decision

This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

Annual Consideration of Placement

For ECSE: At least annually the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).

For K-12: At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Inside regular class at least 80% of time must be checked. For preschool an EC setting must be checked).

Check the **one** placement option that was selected.

Placement Continuum (K-12)

	Considered	Selected	
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inside regular class at least 80% of time
2.	<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class 40% to 79% of time
3.	<input type="checkbox"/>	<input type="checkbox"/>	Inside regular class less than 40% of time
4.	<input type="checkbox"/>	<input type="checkbox"/>	Public separate school (day) facility
5.	<input type="checkbox"/>	<input type="checkbox"/>	Private separate school (day) facility
6.	<input type="checkbox"/>	<input type="checkbox"/>	Public residential facility
7.	<input type="checkbox"/>	<input type="checkbox"/>	Private residential facility
8.	<input type="checkbox"/>	<input type="checkbox"/>	Homebound/hospital

Placement Options (ECSE)

	Considered	Selected	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood setting
2.	<input type="checkbox"/>	<input type="checkbox"/>	Early childhood special education
3.	<input type="checkbox"/>	<input type="checkbox"/>	Home
4.	<input type="checkbox"/>	<input type="checkbox"/>	Part-time early childhood/Part-time early childhood special education
6.	<input type="checkbox"/>	<input type="checkbox"/>	Residential facility
7.	<input type="checkbox"/>	<input type="checkbox"/>	Separate school
8.	<input type="checkbox"/>	<input type="checkbox"/>	Itinerant service outside the home

For K-12 students: Is this student's placement as close as possible to the child's home and/or in the school he/she would attend if nondisabled?

- ☒ Yes.
☐ No. If NO, explain why another school/setting is required

Student Name:

BENJAMINDate of IEP: 9-15-09**Alternate Form F**

Indicate below the accommodations and modifications for the student to be used in general and/or special education and supports to be provided to school personnel.

Location											Modifications/Accommodations	Frequency				Duration*		
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:		Daily	Weekly	Monthly	Other:	Beg. Date	End Date	
											1. Grading							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify weight of course components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use weekly grade checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											2. Text							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highlighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide home set of textbooks/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapted or simplified text/material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											3. Lectures							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Note taking assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential Seating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher provides notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											4. Test/Exams							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exams of reduced length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open book exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read test to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify Test Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record student responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											5. Environment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferential seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alter physical room arrangement (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjustments for speech intelligibility/fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study carrel for independent work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
											6. Assignments							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Read or tape record directions to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow copying from paper/book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower difficulty level-shorten assignments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Directions given in a variety of ways	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduce paper/pencil tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give oral cues/prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow student to record or type assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adapt worksheets and packets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for penmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

9-15-09

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid penalizing for spelling errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended Time for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Location												Frequency				Duration*	
All Areas	Language Arts	Mathematics	Science	Social Studies	Health	Fine Arts	PE/Athletics	Reading	Related Services	Other:	Modifications/ Accommodations	Daily	Weekly	Monthly	Other:	Beg. Date	End Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide study aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain assignment notebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide structured time for organization of materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assistance in recording assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Reinforcement						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use positive/concrete reinforcers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repeated review and drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent reminders of rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check often for understanding/review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent eye contact/proximity control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Pacing						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for oral responses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended time for written responses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allow frequent breaks/vary activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Other (Specify)						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small group instruction	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	peer support	<input checked="" type="checkbox"/>					
Supports for School Personnel																	
Specialized Material (Specify)																	
Training (Specify)																	
Consultant Services (Specify)																	
Other:																	
Other:																	
Other:																	